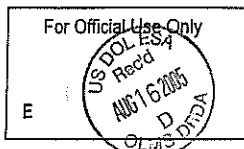


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18163</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>ALAN</u> <u>M</u> <u>CGIE</u> P.O. Box, Bldg., Room No., if any _____ Street <u>12212 SE 270th ST</u> City <u>KENT</u> State <u>WA</u> ZIP Code + 4 <u>98030</u>	4. Name, file number, and address of labor organization. Name <u>INLAND BOATMEN'S UNION</u> Labor Organization File Number <u>010-915</u> P.O. Box, Building and Room Number, if any <u>STE. D</u> Street <u>1711 W. NICKERSON ST</u> City <u>SEATTLE</u> State <u>WA</u> ZIP Code + 4 <u>98119</u>
5. Position in labor organization. <u>TRUSTEE, PENSION</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Alan M. CGIE

On

8-9-05
Date

206 284 5040 Ext 12
Telephone Number

Name of Person Filing	ALAN M. COTE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Inland Boatmen's Union
National Health Benefit Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 300

Street 1220 S.W. MORRISON ST.

City PORTLAND

State OREGON

ZIP Code + 4 97205 2222

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name INLAND BOATMEN'S UNION NATIONAL
HEALTH BENEFIT TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

I ATTENDED THE
INTERNATIONAL FOUNDATION
OF EMPLOYEE BENEFIT PLANS
CONFERENCE (see Addenda 1
(attached))

11.b. Approximate dollar value of such dealing.

3,028.53

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Addenda (addenda 1 of 1) to LM-30 of Alan M. Cote

Alan M. Cote

File Number (to be assigned by DOL)

Through Calendar Year Ending 31 December 2004

1 of 1

The information (below) applies to LM-30 for Alan M. Cote, Page 2, Question No. 11.a. 'Nature of such dealing.' and Question 11.b. 'Approximate dollar value of such dealing'.

Meeting Expenses

2004 International Foundation of Employee Benefit Plans Conference

November 29, 2004 through December 5, 2004

Expenses	\$1,444.53
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Pension Registration & Hotel Deposit	1,265.00
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Hotel Expenses (Additional Per Diem)	319.00
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TOTAL AMOUNT REIMBURSED	\$3,028.53
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